

Proof of Claim: &lt;CLAIM NUMBER&gt;

Claimant: &gt;CLAIMANT NAME&lt;

17762  
Carlos López Oquendo**INFORMATION REQUESTED TO PROCESS YOUR CLAIM****Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to [PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com), or by **mail or hand delivery** to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center  
c/o Prime Clerk, LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

**Questionnaire****1. What is the basis of your claim?**

A pending or closed legal actions with or against the Puerto Rico government

☒ Current or former employment with the Government of Puerto Rico

☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

**2. What is the amount of your claim (how much money do you claim to be owed):**

\$ 12,000.00

**3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?**

☐ No, Please continue to Question 4.

☒ Yes, Answer Questions 3(a) – (d).

3(a). Identify the specific agency or department where you were or are employed:

Puerto Rico Telephone Company

3(b). Identify the dates of your employment related to your claim:

1 de febrero del 1989 hasta 1 de febrero de 1999

3(c). Last four digits of your social security number:

7341

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
  - ☒ Unpaid Wages
  - ☐ Sick Days
  - ☐ Union Grievance
  - ☐ Vacation
  - ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).
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4. Legal Action Does your claim relate to a pending or closed legal action?

- ☒ No
- ☐ Yes

4(a). Identify the department or agency that is a party to the action.

Tribunal de Distrito de los Estados Unidos

4(b). Identify the name and address of the court or agency where the action is pending:

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4(c). Case number:

49762

4(d). Title, Caption, or Name of Case:

Romeroazo

4(e). Status of the case (pending, on appeal, or concluded):

Pending

4(f). Do you have an unpaid judgment? Yes/No (Circle one)

No

If yes, what is the date and amount of the judgment? \_\_\_\_\_

RECLAMANTE Carlos López Oquendo

DIRECCION Urb. Sierra Bayamón  
31-11 Calle 29  
Bayamón, P.R. 00961

Numero Reclamación 49762

Fecha de presentación (envío) 3 de septiembre de 2020

Deudor Commonwealth of Puerto Rico

Por este medio incluyo con mi reclamación presentada el 3 de septiembre de 2020 lo siguiente:

1. Evidencia de trabajo de Puerto Rico Telephone Company en Ponce, Puerto Rico – ELA, como Representante de Servicio III desde el 1 de febrero de 1989 hasta el 1 de marzo de 2019. (ver evidencia adjunta)
2. El monto adeudado en mi reclamación es de \$ 12,000.00.

Muchas gracias por la pronta atención a mi petición.

Cordialmente,

Carlos López Oquendo

Nombre en letra de molde

Carlos López Oquendo

Firma y fecha



RECLAMANTE: Carlos López Oquendo

NUMERO DE PROCEDIMIENTO 17 BK 3283 - LTS

NUMERO DE RECLAMACION: 49762

Reclamación de dinero adeudado de leyes aprobadas que me competen por mis años de servicio desde el 1 de febrero de 1989 hasta el 1 de marzo de 2019 como Representante de Servicio III de la Puerto Rico Telephone Company - ELA.

1. Ley 89 – julio 1995 – ROMERAZO CANTIDAD \$ 12,000.00

Así como otras leyes que me apliquen y no se me otorgo la compensación correspondiente.

Le agradezco la atención sobre este asunto.

Atentamente,

Carlos López Oquendo  
Nombre en letra de molde

Carlos López Oquendo  
Firma y fecha